



FOLLOW-UP ACTION FOR NAME-BASED CHECK

State Form 53424 (12-07) / CW 3619

PLEASE FAX THIS COMPLETED FORM TO THE INDIANA STATE POLICE, ATTENTION RECORDS DIVISION, AT (317) 233-8813.

Name of Family Case Manager who requested name-based check		Date of request for name-based check (<i>month, day, year</i>)
Name of applicant		Date of birth of applicant (<i>month, day, year</i>)
1. Was the child placed with the applicant? <input type="checkbox"/> Yes <input type="checkbox"/> No		<i>If no, do not complete the remainder of this form; fax it to the Indiana State Police at the above number.</i>
2. Is the child currently placed with the applicant? <input type="checkbox"/> Yes <input type="checkbox"/> No		<i>If yes, fingerprints must be obtained. If no, but child was placed and the applicant refuses to be fingerprinted, please document below the reasonable efforts made to contact the subject of the name-based search.</i>

EFFORTS	DATE (<i>month, day, year</i>)	INITIALS
Telephone call		
Home visit		
Certified mail		
Other		
Comments		